

# Preparation Guide for COVID Vaccination Clinics

## 1. Huddle (5 minutes after shifts starts)

- a. Introduce yourself and your credentials. We have a lot of temporary staff that will be going to all sites and will want to get to know each other
- b. Establish the workflow who will be doing which duties.
- c. Identify lead nurse and office support for the day. This helps for all to be able to know who they can go to for questions.
- d. Show how the needle is used and the safety guard system on each type of needle being used at the site for the day. Do not engage safety guard with other hand. Need to use Table or car door.
- e. Show sharps container safety and use.
- f. Advise on when giving vaccine to older adults with little muscle mass that they may hit bone. This is fine the patient is unaware of this.
- g. Advise on which brand/dose of vaccine is given that day. There will come a time that we will have both.
- h. Educate all on where the emergency supplies are (Epi pens and Benadryl) Educate on the Dose of Benadryl and when to administer it.
- i. Map out who and when will cover lunches and breaks, make sure you have them let the Lead know when and where they are going.
- j. It is best to identify who will draw up vaccine and where. This helps decrease risk of in correct dose.

## 2. Nurse/vaccinator (RN, LPN, AEMT, MD, CMA, Nurse apprentice (has temporary license)):

- a. Be sure to write the lot number and brand on front part of vaccine card, write the return date on the back side of the card (28 days with the Modern, 21 days for Pfizer). Write the time that vaccine was given to them on the top right side on the front of the card, so they know when their 15-minute observation time is up. This needs to be legible.
- b. Educate patient on normal symptoms they may experience and to seek urgent care if the experience Hives or difficulty breathing. Advise that we want them to be observed for 15 minutes after the vaccination. Advise we want them to return to our Local Health Department sites to receive the same brand of vaccine they received on their first vaccination. After the vaccine direct them to the observation area.
- c. Vaccinate the patient.
- d. Band-Aid placement and use. Do not stick Band-Aids on table prior to use this is a dirty practice. If you want to open Band-Aid up the you can have them on top of the table. Band-Aids are optional, if the patient does not want it or if patients have fragile skin you may determine they it is not needed.
- e. Vaccine Encountering- to be done by nurse/vaccinator. Logging in the IPADS first thing to make sure the Electronic system is functioning. Document the Lot number and Site in the IPAD

- f. End of shift a tally of how many vaccines will need to be recorded in Smart sheets.
- g. End of day duties clean up area for next day use.
- h. Vaccinator assistant:
- i. This person can be the above credentials or potentially others to help with documentation on the vaccine card, documenting in the IPAD to lot number and the Site vaccine was given.

**3. Post Vaccination Observation area: (staffed by RN, LPN, AEMT, MD, CMA, EMT, Nurse apprentice)**

- a. Staff will have standing orders for Epi and anaphylactic readily available with the epi pens and Benadryl (supplies). Identify where the Green bag is which has the Blood pressure cuff in it. Identify other items like juice/ water for patients that have a vasal vagal response. Discuss what a vasal Vagal reaction is and what symptoms the patient might experience.
- b. Can rotate during the day with the vaccinator position.
- c. Know the address of the location they are working at in case need to call 911.
- d. Establish a flow so patients can socially distance and enter and exit different door if possible.

## STANDING ORDERS

### ANAPHYLACTIC EMERGENCY ORDERS

1. **INDICATIONS:**        **ANAPHYLACTIC REACTION OCCURRING AFTER VACCINATION**

Presentation of sudden or gradual onset of generalized itching, erythema (redness), urticaria (hives), angioedema (swelling of the lips, face, or throat), severe bronchospasm (wheezing), shortness of breath, shock, abdominal cramping, or cardiovascular collapse.

2. **TREATMENT:**

1. Call 911
2. Escort client to appropriate place for direct observation
3. Have client lay down
4. obtain vital signs
5. Administer 6-12 liters of Oxygen via mask as needed for respiratory support
6. Give Epinephrine as follows:

**EPIPEN 1:1000 USP (0.3ML)**

- **Greater than 66 lbs.**
- Dosage: **Single dose of 0.3mg**
- Route: Intramuscular (IM)
- Do not give in the buttock or intravenously

**EPIPEN JR 1:2000 USP (0.3ML)**

- **Children 33-66 lbs.**
  - Dosage: **Single dose of 0.15 mg**
  - Route: Subcutaneous (SQ) or Intramuscular (IM)
  - Do not give in the buttock or intravenously
7. Adults: Administer 50mg of Benadryl IM x1
  8. Implement Rescue Breathing or CPR as needed, until help arrives
  9. **Children ≤ 32 lbs. do not use Epipen or Benadryl, call 911, Implement rescue breathing or CPR as needed, until help arrives.**

\*Do not refrigerate EPIPEN or EPIPEN JR.